

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | | |
|---|----------|-----|---------------------|-----|---------------------|--------------|-------------|-----|--|
| | | | | | | 10 673017 | | | |
| | | | | | | APPLICANT(S) | | | |
| | | | | | | CLAIMS | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | INC | DEF | |
| | BID | DEF | BID | DEF | BID | DEF | | | |
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| 3 | 2 | | | | | | | | |
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| 15 | 2 | | | | | | | | |
| 16 | 2 | | | | | | | | |
| 17 | 2 | | | | | | | | |
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| TOTAL BID. | 2 | | | | | | | | |
| TOTAL DEF. | 36 | | | | | | | | |
| TOTAL CLAIMS | 38 | | | | | | | | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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